



City of Albany
M/WBE/ Fair Housing Office
24 Eagle St. Rm.301
Albany, New York 12207
TELEPHONE (518) 445-0620

CITY - 002(a)

CITY OF ALBANY
MINORITY AND WOMEN LABOR UTILIZATION REPORT
(This form is for reporting purposes only -- Do not submit with bid)

The purpose of this form is to report on site MINORITY AND WOMEN LABOR UTILIZATION. This report must be completed by the owner of EACH FIRM working on site and submitted to the General Contractor on a Monthly Basis (please print or type). The General Contractor must forward the report to City Hall, Department of Human Resources, M/WBE Programs, Room 301, Albany, New York 12207. For assistance in completing this form, please call (518) 445-0620.

Firm Name: _____ Contact Person: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax No.: _____

Name of Project: _____ Project /Contract No. _____

Reporting Period: From: __/__/__ to: __/__/__

This section must reflect the **TOTAL HOURS WORKED** during the reporting period.

A	B	C	D	E
TRADE	Number of Hours Worked by Minorities	Number of Hours Worked by Women	Number of Hours Worked by Non-Minorities	Total Hours Worked on This Project (B+C+D)

Is this the final Minority and Women Labor Utilization Report? _____

Report submitted by (please print): _____ Phone: _____ Date: _____